

"FEE ADDRESS" INDICATION FORM

Address to:
Assistant Commissioner for Patents
Box M. Fee
Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

☒ Customer Number 020377

Type Customer Number here

020377

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

OR

☐ Firm or
Individual Name

Southwest Research Institute

Address

Address

City

State

Zip

Country

Telephone

Fax

in the following listed application(s) or Patent(s) for which the Issue Fee has been paid.

PATENT NUMBER (if known)	APPLICATION NUMBER
	US Application No. 10/810,103

(check one)

☐ Applicant/Inventor

☒ Attorney or Agent of record 32,479
(Reg. No.)

☐ Assignee of record of the entire interest. See
37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel _____ Frame _____

Signature

Ann C. Livingston

Typed or printed name

512.322.2634

Customer's telephone number

December 14, 2006

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *.

☐ *Total of _____ forms are submitted.